

Name In Full

Certificate of Death

Isaac O. Adams

Town

County

Died at

Salisbury Wicomico

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 14

Age

56

Md

Book Keeper

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

one

Husband

of

Wife

Miss Fannie Dorman

Father's

Name

Adams

Mother's

Maiden Name

Guslee

Cause of

Primary

Arterio. Sclerosis "Enl."

How long sick

2 or 3 years

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

81

F. M. Clemens M. D.

Address

Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

LIBRARY BUREAU, 79895



Name
in
Full

Stella Arroy

CERTIFICATE OF DEATH

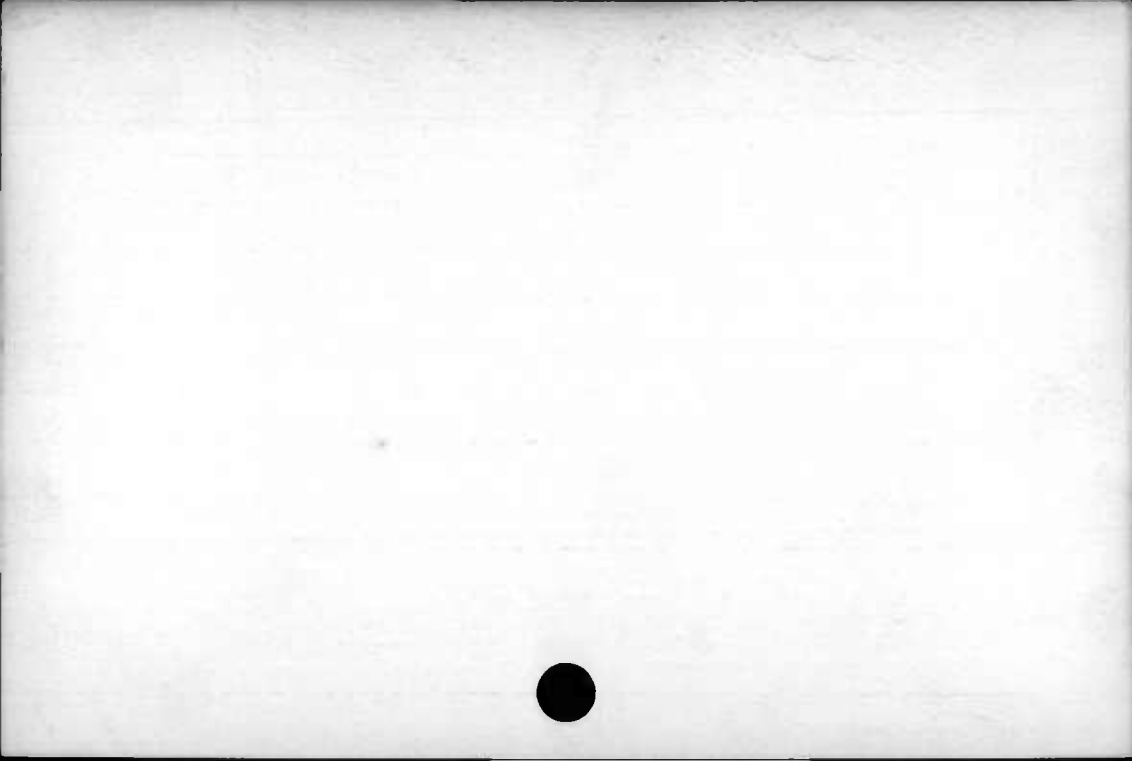
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb.</i>	Day <i>11</i>	Age <i>23</i>	Years <i>3</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Near Salisbury</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>House Work</i>						
Name of Wife or Husband <i>Emory B. Arroy</i>							
Father's Name <i>Jos H. Maddox</i>				Father's Birthplace <i>Salisbury Md</i>			
Mother's Maiden Name				Mother's Birthplace <i>Wicomico Co?</i>			
Name of person giving information <i>SO</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sepsis</i>	How long <i>12 days</i>
Immediate <i>Peritonitis & Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. Ford</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 19

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Phoyland</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Edward L. Cantwell</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Laura R. Bonds</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>E. L. Cantwell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart Trouble</i> <i>79</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Benson</i>
<i>Undertaker</i>	Address <i>Phoyland Md</i>
Accident or Suicide?	

17 1/2

10 1/2

5 1/2

4

37 1/2

2

2

4

45 1/2

Name
In
Full

George W. Cathell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fruitland</i> ^{Town}		<i>Arconia</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>15</i>	Age <i>68</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Mary J. Casey</i>					
Father's Name <i>James Cathell</i>			Father's Birthplace		
Mother's Maiden Name <i>Miss Walker</i>			Mother's Birthplace		
Name of person giving information <i>Friend</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Heart Disease</i>	How long <i>1 year or more</i>
Immediate <i>In Sanitation & Heart failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Morris, M.D.</i>
<i>J</i>	Address <i>Delichway Rd.</i>
Accident or Suicide?	



Mrs. Mammie Dickerson

Town

County

Died at

MARYLAND

Dalisbury Wisconsin

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb 5

Age

38

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Three

Husband

of

Wife

Chas. L. Dickerson

Father's

Mother's

Name

Thos J Hayman

Maiden Name

Margaret Hayman

Cause of

Primary

Neuritis Dyspepsia and Diarrhea

How long sick

7 1/2 Mos.

Death

Immediate

Inanition

106

~~Accident, Suicide, Homicide~~

Reported by

L. M. Clemons M.D.

Address

Dalisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William E Elliott.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town			<i>Wicomico</i> County			MARYLAND		
Date of death 190 <i>3</i>		Month <i>Feb</i>	Day <i>4</i>	Age Years <i>15</i>		Months <i>3</i>		Days <i>4</i>
Sex <i>male</i>			Color or Race <i>White</i>		Birth-place <i> Md</i>			
Married, Single or Widowed				Occupation <i>School boy</i>				
Name of Wife or Husband								
Father's Name <i>John T Elliott</i>						Father's Birthplace <i>Del</i>		
Mother's Maiden Name <i>Lida E Parsons</i>						Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John T Elliott</i>						How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>		How long <i>7 years</i>
Immediate <i>do</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. M. Clemons M.D.</i>
		Address <i>Salisbury Md</i>
Accident or Suicide?		



Name

in
Full

Isaac A. Fleming


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>7</u>	Age <u>about 80</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u> Md</u>			
Married, Single or Widowed <u>Widower</u>		Occupation			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <u>William Lewis</u>			How related to deceased <u>Son-in-law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Asthma</u>	How long <u>20 yrs</u>
Immediate <u>Supposed Heart failure</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. G. Hollenbeck & Co</u>
	Address <u>Salisbury, Md</u>
	<u>Undertakers</u>
Accident or Suicide?	



Name
in
Full

Nellie Grovernor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Mandela</i>		Town <i>McComico</i>		County		MARYLAND	
Date of death 1903	Month <i>February</i>	Day <i>16</i>	Age <i>77</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>widowed</i>			Occupation <i>house wife</i>				
Name of Wife or Husband <i>Benjamin P. Grovernor</i>							
Father's Name <i>Charles Bennett</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Stacey Bradley</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Louis T. Wilson</i>			How related to deceased <i>no</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>vascular lesion of heart</i>	How long <i>8 months</i>
Immediate <i>Heart failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis T. Wilson</i>
	Address <i>Mandela Springs, Md.</i>
Accident or Suicide?	



Elizabeth Hearon

Died at ^{Town} Fritland ^{County} Wisconsin

MARYLAND

Date 1903 ^{Month} Feb. ^{Day} 20 ^{Y.} ^{M.} ^{D.} Age 72 ^{Native of} Wisconsin ^{Occupation} School Teacher~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

~~Wife~~

Father's Name J. J. Hearon

Mother's Maiden Name Clara Casey

Cause of Primary Tuberculosis

How long sick 27

Death

Immediate Congestion of lungs & heart failure

Accident, Suicide, Homicide

Reported by Louise W. Morris M.D.

Address

Pleasant Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

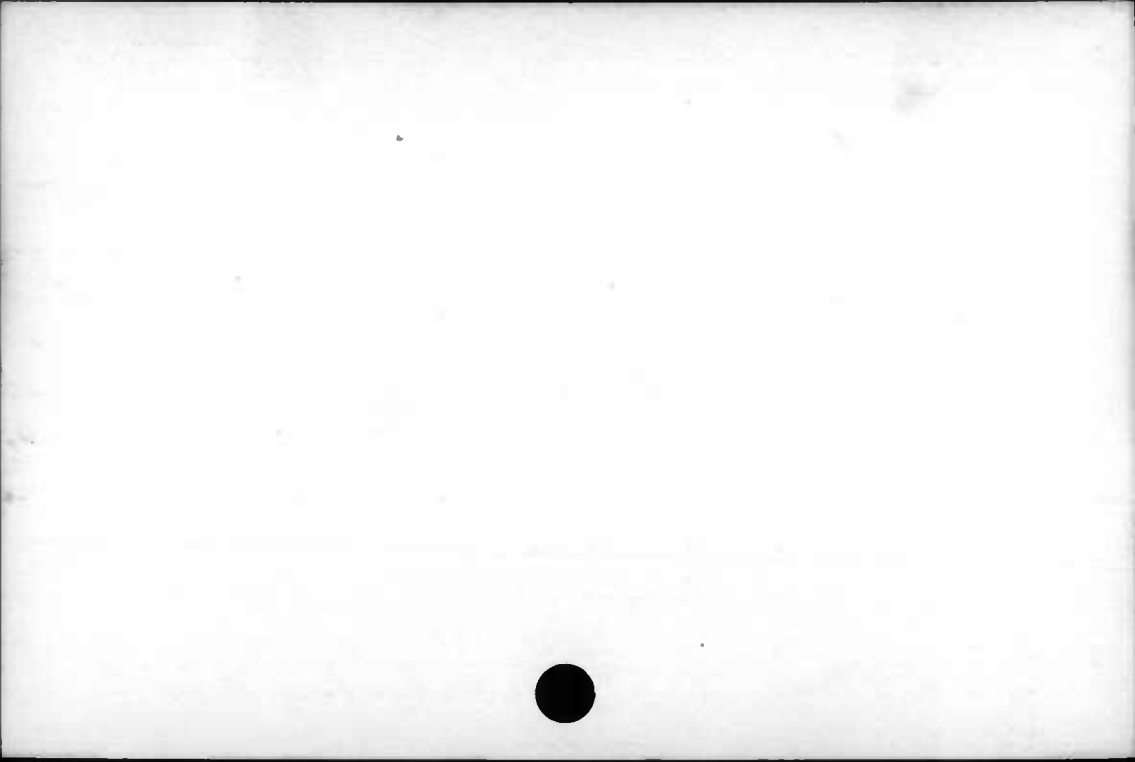
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neen Salisbury</i>		Town <i>Neen Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>27</i>	Age <i>78</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Widower</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband _____							
Father's Name <i>Moses</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name _____				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Wesley Stemons Cold.</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Supposed to be dropsy</i>	How long <i>17</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Physician</i>
	Address <i>Geo. C. Hill</i>
Accident or Suicide?	<i>Undertaker</i>



Name in Full

Certificate of Death

Joseph S. Hearn

Town

County

Died near Quantico

Wicomico

MARYLAND

1903 Feb 27th Y. M. D. Native of Quantico Occupation Farmer
 Date 189 Month Day Age 66
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Divorced ☐ Number of children living 3

Husband of Annine E. Hearn
 Wife of

Father's Name Jacob Hearn Mother's Name Elizabeth Hearn

Cause of Death Primary Malaria Immediate Rheumatic Heart
 How long sick 4
 Accident, Suicide, Homicide

Reported by Wm H. H. Dashiell M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988

2000



Name
in
Full

Thomas B Hitchens

CERTIFICATE OF DEATH

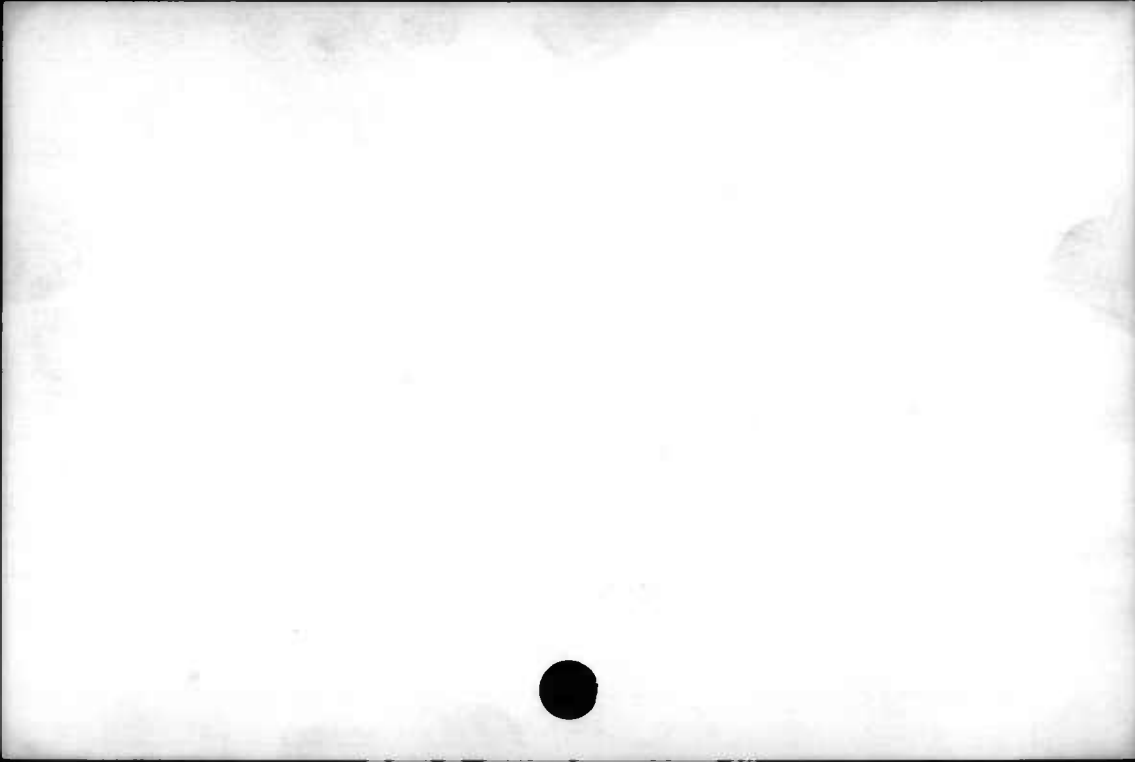
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>19</i>	Age Years	Months <i>11</i>	Days <i>8</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Joseph Hitchens</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Belle Griffin</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Joseph Hitchens</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	<i>10</i>	How long <i>2 weeks</i>
Immediate <i>Neglect & gangrenous stomatitis</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph Hitchens</i>	
	Address <i>Salisbury Md</i>	
Accident or Suicide? <i>No</i>		



No Name

Town

County

MARYLAND

Died at

Calisbany Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Feb

5

Age

6

M

~~Male~~
Female

White
Colored

~~Married~~
Single

~~Widow~~
Widower

~~Divorced~~
Number of children living

Husband
of
Wife

Infant

Father's
Name

Robert Hopkins

Maiden Name

Mother's

Maggie Robinson

Cause of

Primary

Infantile Tetanus

How long sick

30 hours

Death

Immediate

" 72

Accident, Suicide, Homicide

Reported by

J. M. Clemens M.D.

Address

Calisbany Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

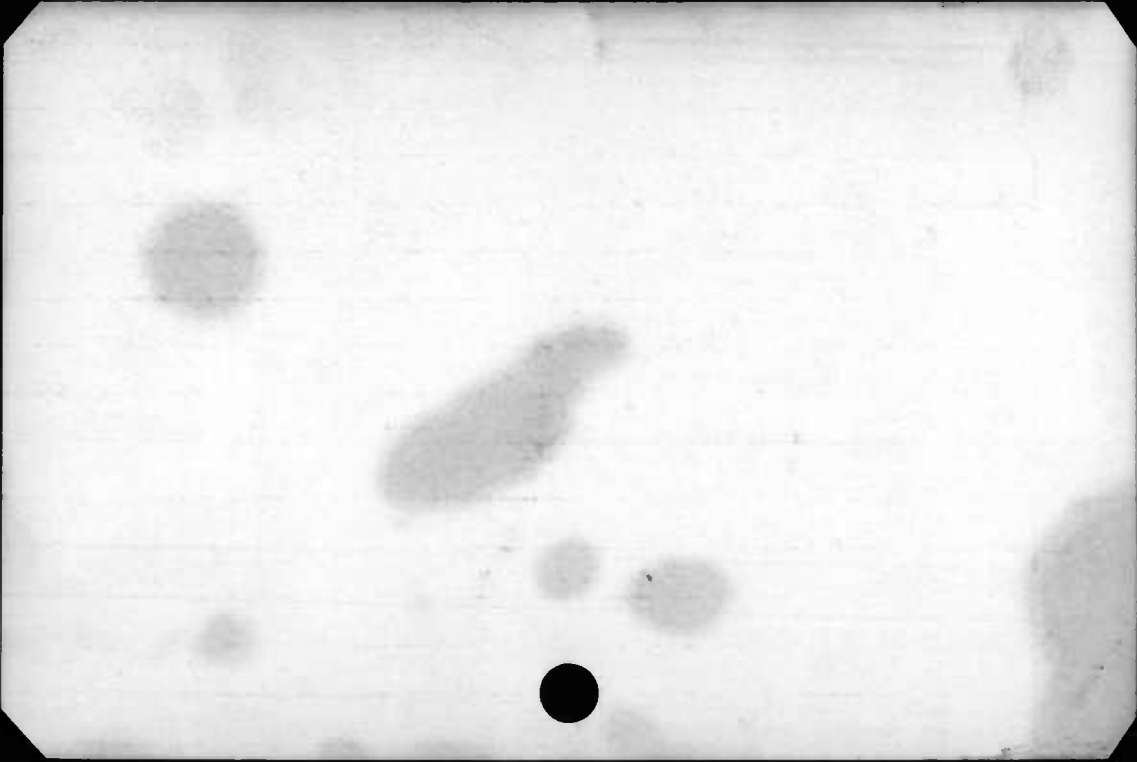
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1903		Feb	25	Age 0	4	15	
Sex Male		Color or Race white		Birth-place		Wicomico Co.	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Chas. R. Hutchinson				Sussex Co. Del.			
Mother's Maiden Name				Mother's Birthplace			
Rosa Parker				Wicomico Co.			
Name of person giving information				How related to deceased			
C. R. Hutchinson				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long	One week.
Immediate	"		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	
			Robert Ellwood	
			Address	
			Delmar Del	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

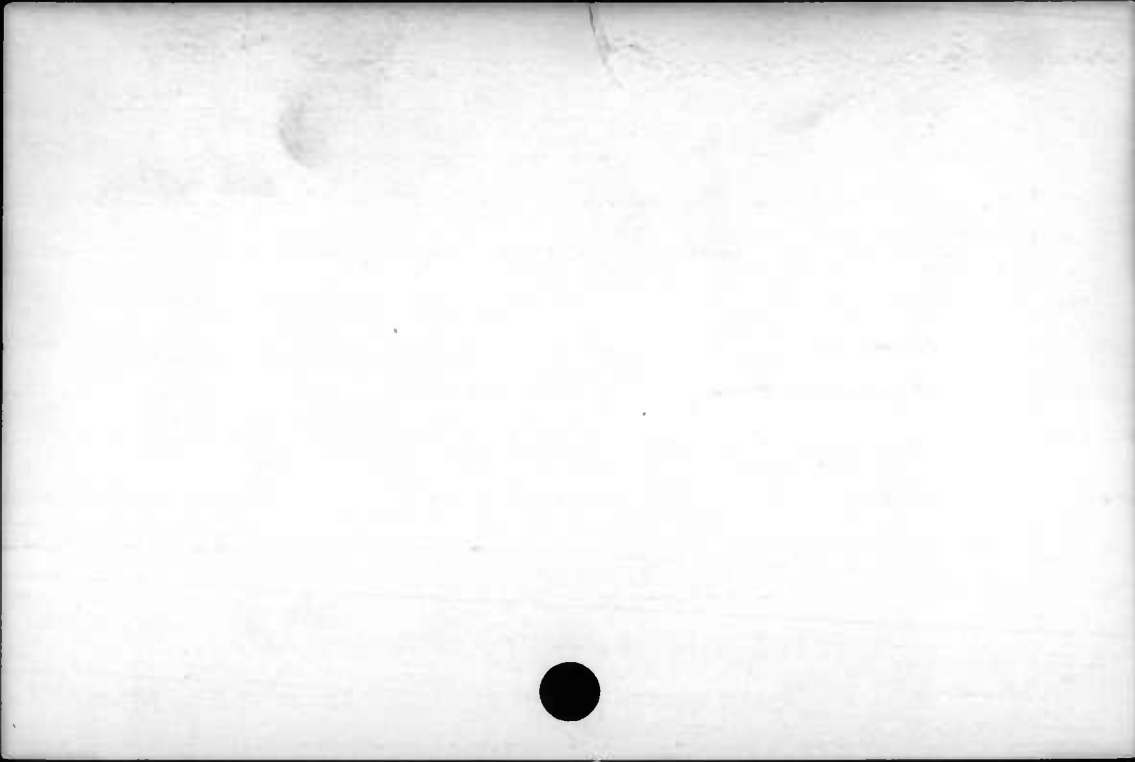
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903	Month 2	Day 18	Age	Years	Months	Days	
Sex	Male	Color or Race	Black	Birth-place	Ind		
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name in Full

Certificate of Death

Irving Kennedy
Town County

Died at Quantico

Wicomico

MARYLAND

1903 Feb 5 Y. M. D. Native of Occupation
 Date 189- Month Day
 Age 79 Quantico Farmer
 Male no White yes Married yes Widow Divorced
 Female Colored Single Widower Number of children living 5

Husband of Emily Kennedy
 Wife
 Father's Name Mother's Name
 Name

Cause of Primary Indigestion 106
 Death Immediate Diarrhoea

How long sick

4 or 5 years

Accident, Suicide, Homicide

Reported by Wm. H. H. Dashiell M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Still Born Child

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2 12

Age

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maidan Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or ministar.



Name
in
Full

Infant- Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Parsonsburg		Parsonsburg		Micomico			
Date	Month	Day	Age	Years	Months	Days	
of death 1903	Feb.	18 th			3		
Sex	Male		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Robert G. Parsons				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Ella C. Malone				Maryland			
Name of person giving information				How related to deceased			
Geo. C. Hill				Undertaker			

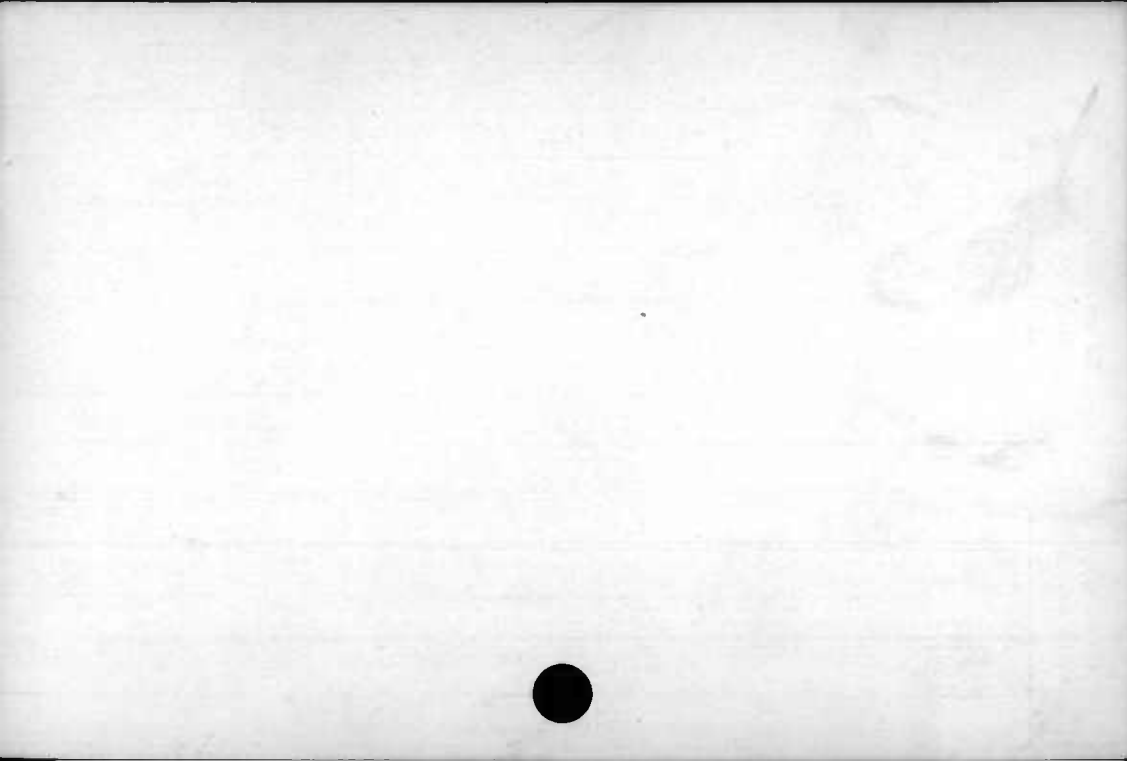
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
	179
Accident or Suicide?	

I think Dr Geo. Truitt
of Parsonsburg attended
the child. Geo. C. Hill

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		<u>MARYLAND</u>
	Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>21</u>	Age <u>40</u> <small>Years</small>	Months <u> </u> Days <u> </u>
	Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>MD</u>	
	Married, Single or Widowed <u>Single</u>		Occupation <u>Housework</u>		
	Name of Wife or Husband <u>William Parsons</u>				
	Father's Name <u>William Parsons</u>			Father's Birthplace <u>MD</u>	
	Mother's Maiden Name <u>Sarah Parsons</u>			Mother's Birthplace <u>MD</u>	
Name of person giving information <u>Louis Parsons</u>			How related to deceased <u>Brother</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>dont know</u>			How long <u>dont know</u>	
	Immediate <u>dont know</u>			How long <u>2 days</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>Geo. W. Follen</u>	
	Accident or Suicide? <u> </u>			Address <u>Salisbury MD</u>	



Name In Full

Certificate of Death

Emily Phillips

Town

County

MARYLAND

Died at Salisbury Wicomico

Month Day

Y. M. D.

Native of

Occupation

Date 1903 Feb. 22

Age 59

Wicomico

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Lip pneumonia & Broncho pneumonia

How long sick

2 weeks

Death

Immediate

Heart & Respiratory failure

Accident, Suicide, Homicide

Reported by

J. W. Clemons M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895



Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>27</i>	Age <i>65</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housekeeper</i>					
Name of Wife or Husband <i>Thomas Powell</i>							
Father's Name <i>~~~~~</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>~~~~~</i>		Mother's Birthplace <i>"</i>					
Name of person giving In formation <i>Joshua T. Powell</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>179</i>	
		Address 	
Accident or Suicide?			

No Doctor,

She was supposed to have Asthma

Geo. L. Hill

Undertaker

Name
in
Full

Sarah Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fruitland		County Wicomico		MARYLAND		
Date of death 190		3	Month 2	Day 10	Age 86	Years 86	Months —	Days —
Sex Female		Color or Race White		Birth- place Md				
Married, Single or Widowed				Occupation Seamstress				
Name of Wife or Husband								
Father's Name						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving in formation J. A. Brumby						How related to deceased None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Tumor 46		How long 1 year	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
E. A. Densen				Address Wicomico Md	
Accident or Suicide?					



Died at *Fruitland* Town *Wernice* County **MARYLAND**

Date 1903 *Feb. 20* Month Day Y. M. D. Age *3* Native of Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single Widower Number of children living

Husband of

~~Wife~~

Father's Name *Sordun* Mother's Maiden Name *Cecie Galt*

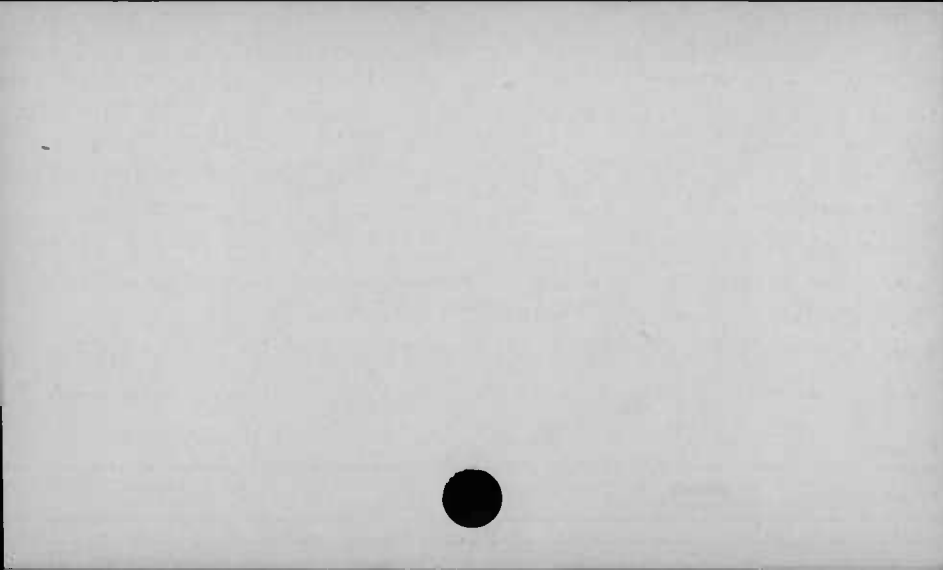
Cause of Death { Primary *Broncho-Pneumonia* How long sick

Death { Immediate *Toxaemia & heart failure* Accident, Suicide, Homicide

Reported by *Louis W. Wernice*

Address *Palmer, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs. Amelia Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

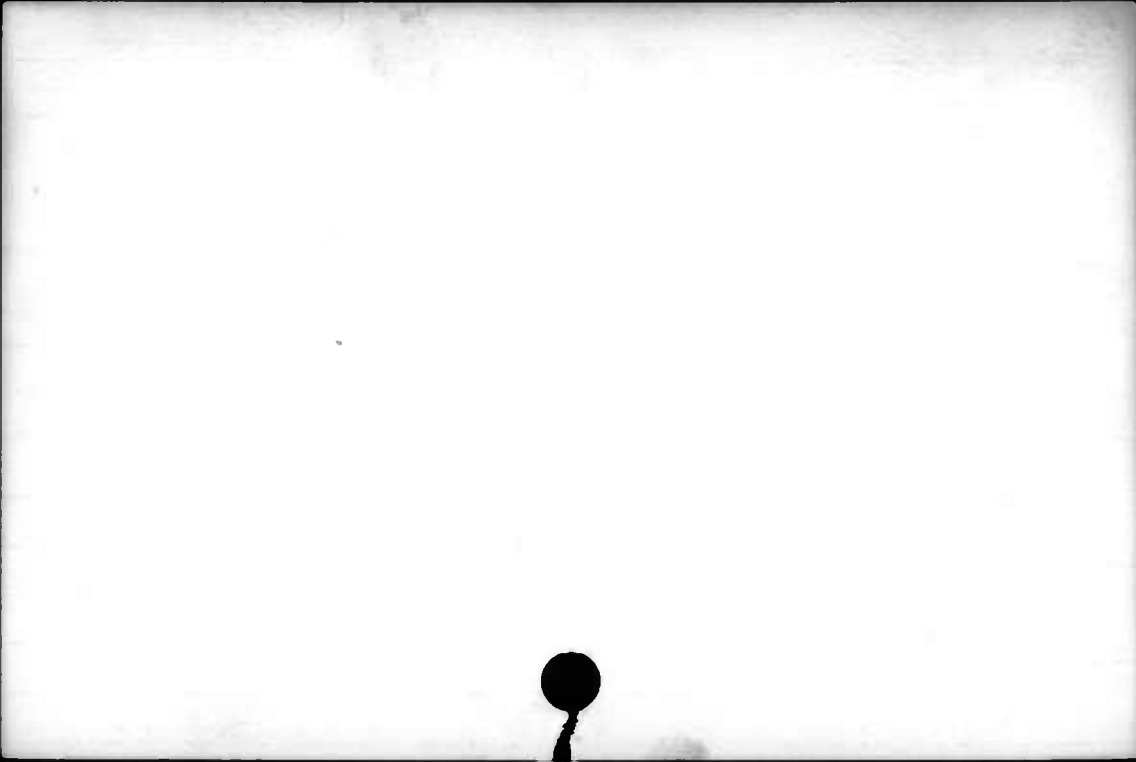
Almying & Son

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 190	3	Month <i>Feb</i>	28	Day	Age	Years <i>74</i>	Months Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>md</i>
Married, Single or Widowed	<i>Widow</i>			Occupation	<i>Housewife</i>		
Name of Wife or Husband	<i>William Walker</i>						
Father's Name	<i>Dashill</i>					Father's Birthplace	
Mother's Maiden Name	<i>Disharoon</i>					Mother's Birthplace	
Name of person giving in formation						How related to deceased	<i>74</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Brain Disease</i>		How long	<i>5 years</i>
Immediate	<i>Heart Failure</i>		How long	<i>2 or 3 years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>F. M. Clemons</i>
			Address	<i>Salisbury md.</i>
Accident or Suicide?				



Aspiriah Waller Col
 Town County

Died at *near Quantico*

Twicomico

MARYLAND

Date 189 *1903* Month *Feb* Day *20* Y. *45* M. *45* D. *45* Native of *Quantico* Occupation *Sailor*
 Male *Yes* Female *No* Married *Yes* Widowed *No* Divorced *No*
 Single *Yes* Widower *No* Number of children living *5 or 6*

Husband of *Alice Waller*

Father's Name *Alfred Waller* Mother's Name *Anne*

Cause of Death { Primary *Grippe* How long sick *10*

Death { Immediate *in Typhoid Form* Accident, Suicide, Homicide

Reported by *Wm. H. H. Dashiell M.D.*

Address *Quantico Md*



Name
in
Full

John White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Parsonburg</i>		Town		<i>Wicomico</i>		County	
Date of death 1903		Month <i>Feb</i>		Day <i>6</i>		Age <i>77</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place		Months <i>10</i>	
Married, Single or Widowed		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Mary E White</i>							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>John Ennis</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>general ability</i>	How long	<i>Twelve months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. R. Farlow</i>	
		Address <i>Pittsville, Md.</i>	
Accident or Suicide?			

